DAILY WORK SHEET

JOB NAME	JOB NO.	
DATE P.O. ISSUED	P.O. NO.	
DATE JOB STARTED	DATE JOB COMPLETED	
CO'S APPROVAL (SIGNATURE)		
	(Sign here when job is completed)	

DAYS	ACTUAL DATE	COMMENTS	CO'S INITIALS (Daily)
		the "CO" for contractor to receive credit for days not w	

This form must have every day signed off by the "CO" for contractor to receive credit for days not worked. Days which are not "signed off" will be considered work days.

Upon completion of this job a copy of this form must be sent to Affirmative Action Dept.